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COUNTY BOROUGH OF WARRINGTON



ANNUAL REPORT

TO THE

EDUCATION COMMITTEE

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1966

ERIC H. MOORE

B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer of Health and
Principal School Medical Officer*

HEALTH AND WELFARE DEPARTMENT, SANKEY STREET,
WARRINGTON



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WARRINGTON

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SCHOOL MEDICAL SERVICE SUB-COMMITTEE

(As at 31st December, 1966)

Alderman E. MARSHALL, M.B.E., J.P. (Chairman)

Alderman J. CANON BARDSLEY, M.A., J.P.

Alderman H. HARDING

Alderman Mrs. M. HARDMAN

Alderman P. MARTIN, J.P.

Alderman B. S. ARNOLD, J.P.

Councillor W. AVERY

Councillor R. G. CROCKER

Councillor Mrs. A. L. HINDLE

Councillor G. R. MYLES

Councillor J. PHOENIX, J.P.

Rev. J. A. CUNNINGHAM, O.S.B.

Ex-Officio :

Councillor G. E. COOPER, J.P.
(Chairman of the Education Committee)

Rev. CANON E. DOWNHAM, B.A.
(Deputy-Chairman of the Education Committee)

Chief Education Officer : H. M. PHILLIPSON, M.A.

STAFF

(As at 31st December, 1966)

Principal School Medical Officer :

ERIC H. MOORE, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer :

ANGELA MANNING, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.H.

School Medical Officers :

MARY GRAHAM, M.B., Ch.B., D.P.H.

THOMAS F. LEONARD, M.B., Ch.B., D.P.H.

Principal School Dental Officer :

A. P. FINLAY, L.D.S., R.F.P.S.(Glas.)

School Dental Officers :

Mrs. P. E. LAWTON, L.D.S., V.U. (Manc.)

Mr. J. HULL, L.D.S., R.C.S., (Eng.), (Part-time).

Mr. C. H. TAYLOR, B.D.S., (L'pool.), (Part-time).

Mr. K. MATSON, L.D.S., R.C.S., (Eng.), (Part-time).

Orthodontist :

MISS JUNE PATRICIA MURRAY, B.D.S., (L'pool), D.D.O., R.F.P.S.
(Glas.), (Part-time).

Dental Auxiliary :

Mrs. HEATHER GIBSON

Educational Psychologist :

Mrs. C. M. RIVETT, B.A.(Lond.), M.A.(Manc.), Post-graduate
Certificate in Education (Lond.)

Superintendent Nursing Officer :

Miss A. N. AGAR, S.R.N., S.C.M., H.V.(Cert.)

Ear, Nose and Throat Clinic :

P. O'BRIEN, M.D.

Visiting Consultants :

Ophthalmic : SYDNEY B. SMITH, M.R.C.S., L.R.C.P., D.O.M.S.(R.C.P. & S.)

Child Psychiatrist : Dr. MARIA ROGERS, M.B., B.Ch.

SCHOOL CLINICS

A. PROVIDED BY LOCAL EDUCATION AUTHORITY

INSPECTION CLINIC

Mon., Wed., Fri., Examination of cases referred by Teachers,
9-0 a.m. to 9-45 a.m. Education Welfare Officers, School
Nurses, etc.

MINOR AILMENTS CLINIC

Garven Place Clinic
Monday to Friday Treatment of contagious diseases of the
9-0 a.m. to 9-45 a.m. skin, eyes, etc.
Mon., Tues., Thurs., Fri. Vaccination and immunisation.
4-0 p.m. to 5.15 p.m.
Orford Health Centre
Monday and Wednesday 9-0 a.m. to 9-30 a.m.

DENTAL CLINIC

Monday to Friday Dental treatment (including orthodontic
(by appointment) treatment)
Daily 9-20 a.m. to Emergency treatment.
10 a.m.

EAR, NOSE AND THROAT CLINIC

Examinations : Alternate Mondays 2-0 p.m. (by appointment).
Out-Patient treatment : Daily (by appointment).
Operations are performed at the Warrington General Hospital on
Tuesday, Wednesday and Thursday mornings.

CHILD GUIDANCE CENTRE

Child Psychiatrist (Thursday—by appointment).
Educational Psychologist (Daily by appointment).

CHIROPODY SERVICE

Cases seen by appointment.

B. PROVIDED BY REGIONAL HOSPITAL BOARD

PÆDIATRIC CLINIC (Warrington General Hospital)

Monday a.m., Tuesday a.m., Wednesday p.m. (by appointment)

ORTHOPÆDIC CLINIC (Warrington General Hospital)

Examinations—Every fourth Tuesday, 10-0 a.m.

Treatment :

Friday Treatment of postural and crippling defects,
9-30 a.m. to 11 a.m. etc.

OPHTHALMIC CLINIC (Warrington General Hospital)

Monday, 1-30 p.m. Examination and treatment of errors of
Friday, 9-30 a.m. refraction and squint.
(by appointment)

To the Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my Annual Report on the work of the School Health Service.

The service has been conducted on the same lines as in previous years, being orientated to the discovery of handicaps requiring medical care and special educational provision. The latter has been the more important function in recent years as a result of a generally raised standard of medical care of the population under the National Health Service, whereby treatment is readily available from the general medical services.

Staffing has been adequate throughout the year except in the Dental service which has been maintained only by the strenuous efforts of the Principal Dental Officer in recruiting part-time staff. Every year the recruitment of dental officers becomes more difficult than in preceding years, and great credit is due to the Principal Dental Officer for his efforts in maintaining the service at a high standard of efficiency.

The co-operation with the Chief Education Officer and his staff has continued at a high level, and relations with other branches of the Health Service have been excellent. The general practitioners and the hospitals have at all times been most helpful.

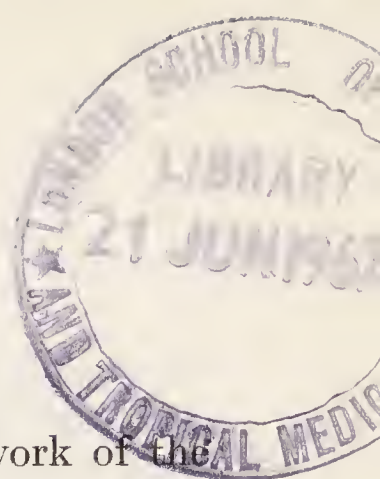
Without the unfailing interest and support of the Chairman and Committee it would not have been possible to maintain so efficient a service. Their understanding of the problems of the service is a great encouragement to their officers. I also wish to pay tribute to the many members of the staff who operate the service for their loyalty and attention to their duties and for their contributions to this report, and especially I would mention the Deputy Principal School Medical Officer who is in charge of the day to day administration of the service.

I have the honour to be,

Your obedient Servant,

ERIC H. MOORE,

Principal School Medical Officer.



THE SERVICE

The service continued to operate on the same lines as in the previous year and selective medical inspection has continued to prove satisfactory. The service aims primarily at the ascertainment of handicaps and recommending appropriate educational treatment most suited to the child. The attachment of a school medical officer to specified schools with periodic informal visiting has continued.

The co-operation between all branches of the National Health Service has remained excellent and I am very grateful for the ready co-operation received from general practitioners and hospital staff.

MEDICAL INSPECTION

The system of inspecting routinely only entrants and leavers was continued, the gap between being covered by the visits of school medical officers to the schools to which they are attached.

The statistics of medical inspection are contained in Table 'A' and 'B' of Parts I and II of the Appendix.

Special medical examinations were carried out at the request of teachers, school nurses, parents and other bodies when children were suspected of needing medical or other educational treatment. Special examinations were also carried out on 221 children to ascertain their fitness for employment and 2 were found to be unfit.

EAR, NOSE AND THROAT CLINIC

This Clinic continued under the charge of Dr. O'Brien, a visiting General Practitioner, with special experience in Ear, Nose and Throat conditions. To this clinic are referred cases which have shown two failures on audiometric testing.

AUDIOMETRY

Routine audiometric examinations are carried out on all school entrants, and on all children suspected of defective hearing. Preliminary testing is carried out in schools, but failures are re-tested at the clinic, double failures being referred to the Ear, Nose and Throat Consultant at his Special Clinic, and in special cases, to the Department for the Deaf of the University of Manchester.

A nurse who has received special training is employed part-time on this work. The table below gives details of tests carried out, and the disposal of the cases where a double failure was recorded.

Audiometric Tests

Primary Tests					
Number of schools visited	...	...	...	...	47
Number of group tests	...	...	...	...	124
Number of children tested	...	...	...	...	2054
Number of Primary failures	...	...	...	...	201
Secondary Tests					
Number of group tests	...	...	...	...	90
Number of children tested	...	...	...	...	463
Number of double failures	...	...	...	...	244
Disposal of Cases					
Nothing abnormal found after treatment	...	...	...	...	18
Receiving treatment	...	...	...	...	38
Referred for operative treatment	...	...	...	...	95
Treatment not beneficial	...	...	...	...	3
Still receiving treatment (from previous years) or investigation	...	...	...	...	43
Treatment refused	...	...	...	...	3

ENURESIS CLINIC

Referrals to the clinic are made by School Medical Officers, School Nurses and General Practitioners. Each patient is examined by the Medical Officer responsible for the Clinic and suitable cases are issued with a bell-alarm and two sets of foils, together with instructions for their use.

Each case is kept under observation during the period of treatment. The success of the treatment depends on the co-operation of the patient and of the parents.

38 new cases were treated during 1966, and of these, treatment in 26 was regarded as successful.

TREATMENT

A minor ailments clinic is held each morning to which teachers may refer children. Cases may also be sent by parents and general practitioners. The types of defects referred are usually in need of nursing attention. 664 children attended the clinic in 1966.

The arrangements for the treatment of visual defects continued through the hospital service as in previous years, except when parents wish otherwise. The statistics will be found in Table 'A', Part III of the Appendix. During the year 469 attendances were made by children attending the Orthoptic Clinic at the Warrington General Hospital.

A special clinic is held to which Ear, Nose and Throat cases are referred for Consultant advice. During the year 376 attendances were made which included 137 new cases. Many children are also referred by general practitioners to the hospital service for E.N.T. treatment.

Orthopædic problems are referred to the hospital service.

General medical problems are referred to the Pædiatric Out-Patient Clinic, and considerable assistance is received in the reports of the Consultant Pædiatrician.

SPEECH THERAPY CLINIC

Despite a change of Speech Therapists during the year, the Speech Therapy Clinic was closed for only two months, and the normal routine was little disturbed. As many cases as possible were discharged from the list of those receiving regular treatment before the previous Speech Therapist left, making it possible for a good proportion of the cases on the waiting list to begin regular treatment in September.

Between 40 and 50 children receive regular weekly appointments. The majority of these children are seen individually, but throughout the year a group for stammerers of older Junior and Secondary School age has proved successful.

Articulatory disorders, which may be organic or functional in origin, are the most common defect seen in the Clinic. Physical causes include deafness, cleft palate, dental abnormalities, and neuro-muscular disorders. Frequently articulatory defects are caused by an interaction of both physical and emotional factors. Numerous other speech problems are seen in the Speech Clinic, such as stammering, delayed language development, language disorders and voice disorders.

Certain cases are kept under observation. These include young infants, and occasionally pre-school children, with difficulties such as non-fluent speech, frequently seen in this age group, or delayed speech and language. In these cases the child may best be helped by discussions with the parents as to the best means of creating a favourable speech environment.

It is essential in all cases that the speech patterns established in the Clinic, should be practised and used as much as possible outside the Clinic, so the co-operation of the parents is of great importance.

One session a week is taken up with school visits, interviewing new cases, and discussions with parents.

No. of new patients seen	....	....	....	....	....	65
No. of patients accepted for regular treatment	....	....	....	....	....	46
No. of new patients placed under observation	....	....	....	....	....	16
No. of new patients not requiring treatment	....	....	....	....	....	3
No. of patients discharged	....	....	....	....	....	65
Treatment complete	....	....	....	....	....	49
Observation no longer required	....	....	....	....	....	7
Non-attenders....	....	....	....	....	....	8
Left district	....	....	....	....	....	1
No. of cases receiving regular treatment on the 31st December, 1966	....	....	....	....	....	47
No. of cases under observation	....	....	....	....	....	29
Total number of attendances during the year	....	....	....	....	....	1503

THE WORK OF THE SCHOOL NURSES

School nurses are allocated certain schools for which they are responsible to a School Medical Officer, each School Medical Officer thus being able to give special attention to a group of schools and also being able to consider the cases referred by the School Nurses of the particular group of schools. By this arrangement a closer degree of co-operation between Head Teacher, School Medical Officer and School Nurse is possible which is greatly to the benefit of pupils.

A cleanliness inspection of all children is carried out in every school each term. The school nurse endeavours to complete this inspection as early in the term as possible. Each child is examined for pediculosis, cleanliness of body and clothing, and condition of footwear. Any unsatisfactory condition is dealt with and followed up on subsequent visits to the school. Where necessary, domiciliary visits are made to effect a remedy.

A nurse accompanies the medical officer on all routine medical inspections. Her duties include the weighing and measuring of children, vision testing, and the preparation of the children for examination. In addition, she prepares the children for immunisation where necessary, and obtains any information required from the teachers regarding the health of the children to be examined and of any other children whom the teacher may wish to bring to the notice of the medical officer. The school nurses carry out routine vision testing on all schoolchildren in alternate years. The testing is done by classes in schools. School nurses also give lectures on selected subjects of Health Education at the request of Head Teachers.

At the clinic, the nurse is engaged in the treatment of the children for minor ailments and disinfestation.

In the cases of uncleanness the course of action laid down in Section 54 of the Education Act is followed. Cleansing Notices were issued in 28 cases. No Cleansing Orders were issued for the Compulsory Cleansing of children at the cleansing station. No prosecutions were necessary in the year under review.

Some brief details of the work carried out by the school nurses are given below :—

	1965	1966
Visits to homes of children (in many cases assisting with treatment)	233	228
Attendance at medical inspections in schools ...	193	352
Visits to schools for cleanliness inspections and re-inspections	460	301
Number of cases of uncleanness treated at the school clinic	77	49
Number of attendances of uncleanness cases at the school clinic	180	136

CHILD GUIDANCE CLINIC

The statistics for the year under review are as follows :

No. of clinic sessions held	...	...	...	73
No. of new cases	...	...	...	29
Total number of interviews (new and old cases)				197
No. of children who received in-patient treatment	...	...	...	1
No. of closed cases	...	...	...	31

From whom referred : *New Cases :*

School Medical Officers	...	...	...	7
Educational Psychologist	...	...	...	3
Consultant Paediatrician	...	...	...	15
General Practitioners	...	...	...	2
Miscellaneous	...	...	...	2

The Consultant Service at the Clinic was provided by Dr. Rogers at two sessions per week by arrangement with the Liverpool Regional Hospital Board, and I am most grateful for the co-operation which we have received from this service throughout the year.

THE WORK OF THE EDUCATIONAL PSYCHOLOGIST

The School Psychological Service provides a means of helping children to learn in the widest sense by diagnosis and advice and, where possible, some treatment. Attendance at the Centre is mainly voluntary, and children between the ages of two and eighteen years are referred by School Medical Officers, Consultants or Head Teachers.

AGE RANGE OF CHILDREN INTERVIEWED DURING 1966 (TOTAL 170) :

Ages	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15
Year of birth	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951
Number	10	25	31	29	12	18	22	14	4	3	2

The ascertainment of slow learning children is only part of the work undertaken ; of the many seen, only a few are selected for the Day Special School which accommodates 180 pupils.

In September, reading classes were formed under a newly appointed remedial teacher for retarded children between the ages of eight and ten years.

The psychologist has daily contact with school doctors, educational welfare officers, nurses and teachers and good communication has been maintained.

In dealing with each case a short study is made of the child's physical and intellectual difficulties and, if it becomes necessary, we keep in touch with the Children's Officer, Probation Officer, or Child Liaison Officer who is concerned in the pupil's welfare. In the work set out below, we acknowledge help received from these and other agencies.

New cases undertaken	....	....	....	....	....	....	170
Referred by School Medical Officers....	....	....	....	....	....	....	7
Referred by Head Teachers	....	....	....	....	....	....	139
Referred by Consultant Psychiatrist	....	....	....	....	....	....	16
Other sources	....	....	....	....	....	....	8
Additional tests	....	....	....	....	....	....	29
Retests	....	....	....	....	....	....	32
Total number of tests administered	....	....	....	....	....	....	231
Return visits of old cases	....	....	....	....	....	....	185
No. of visits paid to schools	....	....	....	....	....	....	71
No. of cases dealt with in schools	....	....	....	....	....	....	412

WORK WITH THE SCHOOLS

The parent and the head teacher are offered suggestions as to the child's needs and management. No social worker is attached to the Centre, but each case is followed up after a year in order to arrange for a return visit, retest, placement or closure. The psychologist regularly pays visits to schools to carry out tests and to discuss methods and materials. This year the Clinic has acquired the William's Test for children with defective vision, and the English Picture Vocabulary Test. It is hoped to try the latter with young children deficient in language.

I.Q. RANGE OF CHILDREN TESTED ON Terman-Merrill Scale (Total 170).

I.Q. Range	Below 55	56-70	71-85	86-95	96-105	106-115	Over 115	Total
Boys	7	6	37	40	13	3	0	106
Girls	1	12	31	13	5	2	0	64

SCREENING FOR EDUCATIONAL GUIDANCE

Children at risk and with congenital abnormalities are known to the medical services. On the educational side, the teachers assist by administering the Carlton Test before entry to the Junior School, and a reading test after entry. The following year children aged eight to nine years receive the Cotswold Test which is both verbal and non-verbal. The teachers are interested in the results and they raise points in their desire to understand the children.

So that children shall not leave school illiterate or emotionally disturbed, parents are encouraged to call upon us for educational advice as need arises, and that quite a number do so is some evidence of trust placed in the School Psychological Service.

HANDICAPPED PUPILS

NUMBERS OF HANDICAPPED PUPILS

The following table gives the numbers of pupils on the Handicapped Pupils' Register on the 31st December, 1966, together with the numbers ascertained during the year.

Classification	No ascertained during year	Total ascertained at 31.12.66
Partially-sighted	1	3
Deaf	—	6
Partially-hearing	—	5
Physically-handicapped	—	9
Delicate	—	6
Maladjusted	—	2
Educationally-sub-normal	55	210
Epileptic	1	2
TOTALS	57	243

PROVISION OF SPECIAL EDUCATION

The table below gives details of the numbers of pupils for whom special educational facilities have been provided.

Classification	Attending Special School as		Receiving Education under arrangements made under Section 56 of Education Act, 1944		Total
	Day Pupils	Boarders	In Hospital	At Home	
Partially-sighted	—	2	—	—	2
Deaf	—	6	—	—	6
Partially-hearing	—	4	—	—	4
Physically- handicapped	—	6	1	3	10
Delicate	—	5	1	1	7
Maladjusted	—	1	—	—	1
Educationally sub-normal	178	9	—	—	187
Epileptic	—	2	—	—	2
TOTALS	178	35	2	4	219

The following handicapped pupils requiring special educational provision are still unplaced :—

Partially Sighted	...	...	...	1
Partially Hearing	...	...	...	1
Educationally sub-normal	...	...	...	23
Maladjusted	...	...	...	1

EDUCATIONALLY SUB-NORMAL PUPILS

There are 210 pupils ascertained as educationally sub-normal of whom 9 are in special residential schools. The needs of the majority of the others are met in the day special school.

In addition a number of children have been ascertained in this category who, although not requiring accommodation in special schools, do require special treatment in the ordinary schools. These, of course, are in the higher grades of sub-normality.

During the year 60 children were tested, with the following results :—

Suitable for special (day) schools	...	...	32
Suitable for special (residential) schools	...	...	5
Special education in ordinary school	...	...	8
Reported to the Local Health Authority under Section 57, Education Act, 1944, as amended by Mental Health Act, 1959	...	...	5
No action taken—to be retested later	...	...	10
Total	...	...	60

There are at present 210 children in this category, 23 of whom are awaiting special educational treatment.

CHILDREN RECEIVING HOME TUITION

On the 31st December, 1966, there were 4 handicapped pupils on the home teacher's register. Of these, 3 were physically handicapped, and 1 delicate.

INFECTIOUS DISEASES AND IMMUNISATION

INFECTIOUS DISEASES

The notifiable diseases occurring among schoolchildren and notified to the Medical Officer of Health were as follows :—

					1965	1966
Tuberculosis (respiratory)	...	...			2	—
Tuberculosis (non-respiratory)	...	...			—	—
Scarlet Fever	...	...	...	...	37	16
Whooping Cough	...	...	...		—	1
Measles	...	...	...	...	236	146
Pneumonia	...	...	...	...	2	—
Meningococcal Infection	...	...			1	—
Totals	...	...	...	...	278	163

IMMUNISATION

Special efforts are made to secure complete immunisation of schoolchildren at the time of the entrant examinations and the necessary ' booster ' injections are given in school as required.

Diphtheria : The number of children immunised during the year at school and at the clinic was as follows :—

Primary Courses	...	...	...	365
Secondary (Reinforcement)	...	...	...	2139
Total	...	...	...	2504

Poliomyelitis: The number of schoolchildren immunised during the year was as follows :—

Oral Vaccine:

Completed Course (1st, 2nd, 3rd)	....	388
Booster	....	1079

A total of 2,243 doses of oral vaccine were thus given to schoolchildren during the year.

B.C.G. : Vaccination is available to all children in the 13 year old group.

No. of Mantoux Tests performed	...	769
No. of Mantoux Tests negative .	...	710
No. of B.C.G. vaccinations performed in school	... ..	709
Acceptance Rate...	... ..	80.33%

ANCILLARY SERVICES

NURSERY CLASSES

Children attending the nursery classes at the infants' schools are examined every year. Details of the examinations will be found under the heading "Periodic Medical Inspections" in Part I, Table 'A', in the Appendix. 454 children were examined during the year.

These children are also examined by the dental officers as part of the routine dental inspections of the infants' schools.

All the facilities of the school health service are available to nursery children. Particulars of treatment are included in the various treatment tables in this report.

The school nurses also visit the nursery classes when carrying out their cleanliness inspections. Statistics are included in the appropriate tables.

PROVISION OF MILK AND MEALS

Milk : Arrangements for the supply of milk in one-third pint bottles under the Milk in Schools Scheme continued on the same lines as in previous years.

Meals : The Education Committee had sixteen School Kitchens supplying meals at the commencement of the year. These included a new Kitchen opened in January. By the end of the year there were eighteen Kitchens, additional ones having come into operation in June, and in September.

Mid-day meals were served in all the Schools and the supply of meals to the Junior Training Centre continued. Meals were supplied to the Adult Training Centre from January, this being a new arrangement.

There was again an increased demand for meals. The charge continued to be 6d. per day for the children attending special schools, and 1/-d. per day for children at other schools. Free meals were supplied to the children of parents whose income was within the national scale.

The following table shows the average number of meals supplied per day during the year 1966 :—

Average No. of pupils on Roll	Received free meals	Received meals for payment	Total	Percentage of pupils receiving meals
12,485	648	6,276	6,924	55.4%

During the week ending 21st October, 1966, 37,210 children's meals were supplied. This figure was the highest recorded figure of children's meals served in any week since the commencement of the School Meals Service in Warrington, and represented 59.95%.

PHYSICAL EDUCATION

Increasing interest in an ever widening field of Physical activities has been most noticeable throughout the year. Improved facilities and a satisfactory supply of equipment have enabled schools to meet these interests. Active and enjoyable lessons have resulted from this widening of the scope of schemes of work and from the full use of apparatus of all kinds.

The Warrington Teachers' Sports Association has been as active as usual and has provided for inter-school and inter-town competitions in the major games, swimming and athletics.

The Authority's Schools Swimming Scheme for Primary and Secondary Schools has again proved its great value both in the numbers of children who have learned to swim and in the successful results in the Royal Life Saving Society's Examinations.

The programme of evening classes at the Borough Gymnasium and at other Centres has attracted a most satisfactory number of young people throughout the year.

The Authority's provision for such a complete range of general and specialised physical activities for both school children and young people has again shown good results both in the numbers which have attended classes and in individual successes.

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

by A. P. FINLAY, L.D.S., R.F.P.S.

Owing to illness, I very much regret being unable to include my usual report on this occasion, except in a very abbreviated form. My only comments this year are confined to staff changes, which unfortunately show a debit balance again. As expected, at the beginning of the year we were pleased to welcome Miss June Murray as a part-time Orthodontist, so that the break in continuity of treatment caused by Mr. Angelman's departure in the autumn of the previous year was minimal. Again, as expected, in the early part of the year, Mr. John Hull resigned his full-time post of dental officer in order to return to the more lucrative field of private practice, and he has continued on the staff here in a part-time capacity only. All efforts to make good this loss have failed, advertising in professional journals getting no response whatsoever.

Once again, to all the members of my own staff I offer my grateful thanks ; I thank the Medical Officers for their continued co-operation in examining dental patients when necessary ; and last but not least, I thank the many members of the clerical staff whose work brings them in contact with " Dental " from time to time.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1966

ATTENDANCES & TREATMENT

	Ages 5 to 9		Ages 10 to 14		Ages 15 & over		Total
First Visit	1	2480	12	1459	23	306	4245
Subsequent visits	2	1719	13	2076	24	332	4127
Total visits		4199		3535		638	8372
Additional courses of treatment commenced	3	206	14	148	25	21	375
Fillings in permanent teeth	4	1744	15	2952	26	555	5251
Fillings in deciduous teeth	5	1215	16	29		—	1244
Permanent teeth filled	6	1351	17	2518	27	517	4386
Deciduous teeth filled	7	1055	18	28		—	1083
Permanent teeth extracted	8	260	19	744	28	175	1179
Deciduous teeth extracted	9	3162	20	472		—	3634
General anaesthetics	10	1689	21	601	29	75	2365
Emergencies	11	889	22	314	30	53	1256

Number of Pupils X-rayed	31	118
Prophylaxis	32	466
Teeth otherwise conserved	33	74
Number of teeth root filled	34	37
Inlays	35	4
Crowns	36	8
Courses of treatment completed	37	3734

ORTHODONTICS

Cases remaining from previous year		119
New cases commenced during year	38	51
Cases completed during year	39	48
Cases discontinued during year	40	4
No. of removable appliances fitted	41	107
No. of fixed appliances fitted	42	—
Pupils referred to Hospital Consultant	43	—

PROSTHETICS

	5 to 9		10 to 14		15 & over		Total
Pupils supplied with F.U. or F.L. (first time)	44	—	47	—	50	—	—
Pupils supplied with other dentures (first time)	45	6	48	13	51	8	27
Number of dentures supplied	46	6	49	13	52	8	27

ANAESTHETICS General Anaesthetics administered by Dental Officers	53	2365
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INSPECTIONS

(a) First inspection at School. Number of Pupils	A	6502
(b) First inspection at Clinic. Number of Pupils	B	1489
Number of (a) + (b) found to require treatment	C	5836
Number of (a) + (b) offered treatment	D	4924
(c) Pupils re-inspected at school or clinic	E	358
Number of (c) found to require treatment	F	270

SESSIONS

Sessions devoted to treatment	X	1515
Sessions devoted to inspection	Y	57
Sessions devoted to Dental Health Education	Z	11

APPENDIX

DEPARTMENT OF EDUCATION AND SCIENCE

Medical Inspection Returns

Year ended 31st December, 1966

PART I—Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a *medical examination
		Satisfac-tory No.	Unsatisfac-tory No.	
1	2	3	4	5
1962 and later	328	328	—	—
1961	929	928	1	—
1960	901	899	2	—
1959	153	153	—	—
1958	11	10	1	—
1957	3	3	—	423
1956	12	12	—	789
1955	15	15	—	—
1954	13	13	—	—
1953	17	17	—	—
1952	465	465	—	—
1951 and earlier	524	524	—	—
TOTALS ...	3371	3367	4	1212

Col. (3) total as a percentage of Col. (2) total 99.88%

Col. (4) total as a percentage of Col (2) total 0.12%

*In column (5) is the number of pupils who have been “interviewed” or “discussed” at case conferences and found not to warrant a medical examination, selective medical examinations being carried out.

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

NOTES: Pupils found at Periodic Inspections to require treatment for a defect are not excluded from Table B by reason of the fact that they were already under treatment for that defect.

Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (By year of birth) 1	For defective vision (excluding squint) 2	For any of the other conditions recorded in Part II 3	Total individual pupils 4
1962 and later	—	16	16
1961	—	56	56
1960	1	56	54
1959	—	9	9
1958	—	1	1
1957	—	—	—
1956	—	1	1
1955	—	1	1
1954	1	1	2
1953	—	—	—
1952	22	10	31
1951 and earlier	30	18	48
TOTALS ...	54	169	219

TABLE C.—OTHER INSPECTIONS

NOTES : A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	347
Number of Re-inspections	...	...	...	724
Total	...	...	...	1071

TABLE D.—INFESTATION WITH VERMIN

NOTES : All cases of infestation, however slight, are included.
The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	19354
---	-----	-----	-----	-----	-----	-----	-------

(b) Total number of individual pupils found to be infested	1000
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	28
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	—

PART II—Defects found by Medical Inspection during the year.

TABLE A.—PERIODIC INSPECTIONS

NOTE: All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
1	2	3	4	5	6	7	8	9	10
4	Skin	2	12	8	—	3	5	13	17
5	Eyes (a) Vision ...	1	2	52	5	1	12	54	19
	(b) Squint ...	10	16	1	—	3	10	14	26
	(c) Other ...	3	8	2	—	1	8	6	16
6	Ears (a) Hearing ...	17	17	2	1	7	8	26	26
	(b) OtitisMedia	8	19	2	1	2	13	12	33
	(c) Other ...	—	6	—	—	—	1	—	7
7	Nose and Throat ...	17	97	—	1	1	42	18	140
8	Speech	8	22	—	—	—	11	8	33
9	Lymphatic Glands .	—	12	—	—	—	2	—	14
10	Heart	2	32	—	—	2	18	4	50
11	Lungs	8	64	—	1	2	17	10	82
12	Developmental :								
	(a) Hernia ...	4	8	—	—	—	3	4	11
	(b) Other ...	14	89	2	1	2	41	18	131
13	Orthopædic :								
	(a) Posture ...	—	8	—	—	—	2	—	10
	(b) Feet	17	107	3	1	2	29	22	137
	(c) Other ...	4	66	3	2	—	42	7	110
14	Nervous System :								
	(a) Epilepsy ...	—	7	—	—	—	4	—	11
	(b) Other ...	—	6	—	—	—	7	—	13
15	Psychological :								
	(a) Development.	1	9	—	—	—	5	1	14
	(b) Stability ...	—	29	—	—	—	4	—	33
16	Abdomen	—	—	—	—	—	—	—	—
17	Other	2	24	2	2	2	7	6	33

TABLE B—SPECIAL INSPECTIONS

NOTE : All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	423	7
5	Eyes (a) Vision	150	4
	(b) Squint	2	1
	(c) Other	8	1
6	Ears (a) Hearing	13	1
	(b) Otitis Media	1	—
	(c) Other	10	2
7	Nose and Throat	4	37
8	Speech	5	4
9	Lymphatic Glands	—	1
10	Heart	1	24
11	Lungs	1	40
12	Developmental :		
	(a) Hernia	—	—
	(b) Other	10	67
13	Orthopædic :		
	(a) Posture	—	1
	(b) Feet	5	31
	(c) Other	8	39
14	Nervous System :		
	(a) Epilepsy	—	—
	(b) Other	1	7
15	Psychological :		
	(a) Development	1	1
	(b) Stability	20	3
16	Abdomen	—	—
17	Other	34	18

PART III—Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools).

N.B. : This part of the return gives the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff.
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board ; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	36
Errors of refraction (including squint) ...	814
TOTAL	850
Number of pupils for whom spectacles were prescribed	432

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment :	
(a) for diseases of the ear	9
(b) for adenoids and chronic tonsillitis ...	216
(c) for other nose and throat conditions...	16
Received other forms of treatment ...	144
TOTAL	385
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1966	—
(b) in previous years	12

TABLE C.—ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	376
(b) Pupils treated at school for postural defects	—
TOTAL	376

TABLE D.—DISEASES OF THE SKIN

(excluding uncleanness, for which see Table D of Part I)

						Number of cases known to have been treated
Ringworm (a) Scalp	...	...	...			—
(b) Body	...	...	...			—
Scabies	...	...	...	...	...	5
Impetigo	...	...	...	...	...	4
Other skin diseases	...	...	...	...	...	576
TOTAL	...	...	...	...	...	585

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	60

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists ...	143

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ...	25
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	5
(c) Pupils who received B.C.G. vaccination	709
(d) Other than (a), (b) and (c) above. Please specify :	
GENERAL MEDICAL ...	53
GENERAL SURGICAL ...	53
TOTAL (a)—(d) ...	845

PART IV.

TABLE H.—HEIGHT

	Age	No. Examined 1966	1963 ft. ins.	1964 ft. ins.	1965 ft. ins.	1966 ft. ins.
BOYS						
Entrants	4	40	—	3 4	—	3 2 $\frac{3}{4}$
	5	358	3 6 $\frac{3}{4}$	3 6	3 5 $\frac{3}{4}$	3 6
	6	436	3 7 $\frac{1}{2}$	3 7	3 7 $\frac{1}{2}$	3 7 $\frac{1}{4}$
	7	83	3 11	3 9	3 9 $\frac{1}{2}$	3 9 $\frac{3}{4}$
Leavers	14	325	5 3	5 3	5 3	5 3
Other Periodic Inspections : (Nursery Classes)	3	16	3 0	3 2	—	3 3 $\frac{1}{2}$
	4	63	3 3	3 3	3 3	3 3 $\frac{1}{2}$
	5	87	3 4 $\frac{1}{2}$	3 4	3 4 $\frac{1}{4}$	3 4 $\frac{1}{4}$
GIRLS						
Entrants	4	48	—	—	—	3 5 $\frac{1}{4}$
	5	335	3 6 $\frac{1}{4}$	3 5 $\frac{3}{4}$	3 5 $\frac{1}{2}$	3 6
	6	438	3 7 $\frac{1}{4}$	3 7	3 6 $\frac{3}{4}$	3 6 $\frac{1}{2}$
	7	74	3 9	3 9 $\frac{1}{2}$	3 9 $\frac{1}{4}$	3 9
Leavers	14	307	5 1 $\frac{3}{4}$	5 1	5 1 $\frac{1}{4}$	5 1 $\frac{1}{2}$
Other Periodic Inspections : (Nursery Classes)	3	17	3 1	—	—	3 2
	4	55	3 3	3 2 $\frac{3}{4}$	3 2 $\frac{1}{4}$	3 3 $\frac{1}{2}$
	5	95	3 4	3 4	3 4	3 4 $\frac{1}{2}$

TABLE J.—WEIGHT

	Age	No. Examined 1966	1963 st. lb.	1964 st. lb.	1965 st. lb.	1966 st. lb.
BOYS						
Entrants	4	40	—	2 12	—	2 10 $\frac{1}{4}$
	5	358	2 13 $\frac{1}{2}$	2 12	2 12 $\frac{1}{4}$	2 13 $\frac{1}{4}$
	6	436	3 1 $\frac{3}{4}$	3 0 $\frac{3}{4}$	3 0 $\frac{3}{4}$	3 0 $\frac{3}{4}$
	7	83	3 9	3 5 $\frac{1}{2}$	3 4 $\frac{1}{4}$	3 5 $\frac{1}{2}$
Leavers	14	325	7 12 $\frac{1}{4}$	7 12 $\frac{3}{4}$	7 13	7 13
Other Periodic Inspections : (Nursery Classes)	3	16	2 3	2 8 $\frac{1}{4}$	—	2 9 $\frac{1}{4}$
	4	63	2 8 $\frac{1}{4}$	2 7 $\frac{1}{2}$	2 6 $\frac{1}{2}$	2 9 $\frac{1}{2}$
	5	87	2 10	2 11	2 10 $\frac{1}{2}$	2 9 $\frac{3}{4}$
GIRLS						
Entrants	4	48	—	—	—	2 11 $\frac{1}{2}$
	5	335	2 11	2 11 $\frac{3}{4}$	2 11 $\frac{1}{2}$	2 12 $\frac{1}{4}$
	6	438	3 0	2 13 $\frac{1}{4}$	2 13 $\frac{1}{2}$	3 0
	7	74	3 4 $\frac{1}{4}$	3 5 $\frac{3}{4}$	3 5	3 5 $\frac{1}{2}$
Leavers	14	307	7 11 $\frac{3}{4}$	8 0 $\frac{1}{4}$	7 11 $\frac{1}{4}$	7 11 $\frac{1}{2}$
Other Periodic Inspections : (Nursery Classes)	3	17	2 4	—	—	2 5
	4	55	2 7	2 6 $\frac{3}{4}$	2 7 $\frac{1}{2}$	2 8 $\frac{1}{4}$
	5	95	2 9 $\frac{1}{2}$	2 10	2 9 $\frac{1}{2}$	2 10

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED BY THE LOCAL
EDUCATION AUTHORITY TO THE LOCAL HEALTH AUTHORITY
DURING THE YEAR 1966

	Boys	Girls
Notified under Section 57 of the Education Act, 1944, as amended by the Mental Health Act, 1959	3	1



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